

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) Women Speak Out PAC | | FEC IDENTIFICATION NUMBER ▼ C C00530766 | |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-----------------------------|---|--|
| Full Name of Payee Matt M Clarke | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 30.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : cbe4e882-f597-4bf8-a |
| Purpose of Expenditure Salary | Category/Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

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|---|-----------------------------|---|--|
| Full Name of Payee Matt M Clarke | | Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2014 | |
| Mailing Address 1254 Fleming St Apt 6 | | Amount 18.00 | |
| City Conway | State AR | Zip Code 72032 | Transaction ID : 3bbb8b4c-d842-4fac-a |
| Purpose of Expenditure Mileage | Category/Type 002 | Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2014 | |
| Name of Federal Candidate Mr. Mark L Pryor | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 94086.88 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 48.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
09 / 21 / 2014

Signature